

# Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes

Date: October 16, 2008 from 9:30 to 11:30 a.m.



**FINAL**

**Present:** Robert Baker, DC  
Clay Bartness, DC  
Roger Coleman, DC  
Linda DeGroot, DC  
Michael Dowling, DC, Chair  
Lissa Grannis, DC  
Jay Lawhead, DC  
Bill Pratt, DC, Vice Chair  
Ron Wilcox, DC  
Bob Mootz, DC  
Janet Blume  
Carole Horrell  
Joanne McDaniel

**Absent:** La Vonda McCandless

**Guests:** NA

## Assignments:

PPQ members have large literature review reading assignments.

The subcommittees will continue to draft their action plans and work on their deliverables.

Bob Mootz will send out the HTA website link to IICAC members and invite Leah Hole-Curry, HTA executive to a future IICAC quarterly meeting to present their process.

## General Business

### **6/19/08 IICAC minutes:**

**Moved, Seconded, Carried:** Unanimous vote to approve the minutes with correction of one typo from "do" to "are" in the last paragraph of page one in the PEO section.

### **NOTES:**

- The 9/18/08 IICAC and the PEO subcommittee meetings were cancelled due to lack of member availability. However, the PEO subcommittee met on that day.
- November and December IICAC meetings will be on the usual date, no change due to holidays this year.

**Legislative Update:** Nothing to report.

**Department Updates:** Bob Mootz, DC mentioned that:

1. Jason McGill, JD, will begin working as the Office of the Medical Director's Administrator on 10/20/08. Jason was formerly the AAG for OMD and HSA, so is very well versed in ongoing issues. He'll be at the 1/09 IICAC quarterly meeting to share more about his role and get to know the IICAC members.
2. LaVonda McCandless and Joanne McDaniel are collecting input that will be used to clarify the Chiropractic Services Payment Policy in the Medical Aid Rules and Fee Schedules. See the handout and provide input to either LaVonda or Joanne by 10/31/08.
3. CTS guideline work is behind schedule in the PPQ subcommittee. It needs to be completed soon to correlate timing with the IIMAC work on the same topic.

4. At the Health Care Technology Advisory Committee (HTA) meeting tomorrow, they will look at artificial discs and implementation of evidence based medicine. If the IICAC is interested, Bob will invite their program manager to a future IICAC meeting to explain the HTA's process, list of their next 12 issues to review, etc.

5. The department is continuing to refine its ability to identify and capture worker and provider complaints about workers having their care directed by employers. Bob reiterated that there is a significant difference between an employers' "directing care", i.e., sending a IW to a specific doctor and "claims suppression", which is trying to stop the IW from filing a claim. WA is about the only state in the US where employers are prohibited from direct care during the first 30 days. This becomes particularly confusing for employers who operate in multiple states

If you have a written complaint from an IW about their employer's directing care, send them and all provider complaints go to Karen Jost (L&I, PO Box 44322, Olympia WA 98504-4322). She has piloting a new tracking system to track, triage, and follow up all provider complaints and their outcomes.

6. Chiropractic radiologist billing is to be reconsidered at a future PEO subcommittee meeting. Chiropractic radiologists have traditionally been considered a sub-category of the general chiropractic consultant program, but this may not make sense given that a number of DC radiologists now work at hospitals, radiology centers and read films side by side with medical radiologists. A workgroup in HSA/OMD is reviewing policies and it is expected that any new policies will be brought to the PEO subcommittee and IICAC for review at some point.

As a reminder, the professional (reading the images and documenting findings/impressions) and technical components (obtaining the images) are paid once for each study. There may be exceptions when medically necessary, where L&I will pay the professional component a second time to obtain another interpretation.

### **Updates on the Employer Reporting Project and Vocational Improvement Project**

Sara Spiering, Claims Operations Manager, reported on both projects.

#### Employer Reporting Project:

This two year pilot project ends on 12/31/08. It enacted legislation passed in 2006 to allow employers to assist their employees file claims through them. Claims filed during pilot participation:

- 6663 filed by provider
- 681 filed by employer
- 7844 total claims filed
- Workers elected to file through their employer 9.3% of the time.

Sara will now compile the findings, recommendations and send a report to the legislature. They will determine the next steps. Few providers ever saw one of these claims, because only a few employers in each area participated.

#### Vocational Improvement Project:

This is a 5.5 year pilot resulting from 2007 legislation. It gives workers more choices so that they can:

- Access better training opportunities by receiving more tuition, up to \$12,000 per year for 2 years.
- Permits eligible workers to "opt out" of retraining to receive their vocational award instead. This equals six months of time loss and the ability to use their retraining funds maintained by L&I for

up to five years after claim closure

It is important that workers choose their option, so they can be committed to it.

The project also provides for increased accountability on the VRC, employers, and workers.

### **COHE Update:**

Bob Mootz, DC reported that evidence-to-date indicates that once a worker becomes disabled, there are no interventions that are effective in reversing it. There may be a window of a few weeks up to a few months to prevent this.

The COHEs are focused on what providers can do to prevent disability. The use of occupational health best practices by the COHEs to date have resulted in reduction of disability in our injured workers by 20%. Precursors to the COHE program were:

- LTD 5 year pilot project. Outcomes: IWs and employers were highly satisfied with the services they received, as were the claim managers (CM) in the pilot, who also had reduced workloads. However, there was no decrease in LTD and the costs were high for the same percentage of IWs becoming disabled.
- Managed Care Pilot Project: A number of Washington companies were recruited to voluntarily participate in this pilot (including a vote by the workers in which a majority vote to approve participation in the pilot). Those injured workers would go to specific doctors trained in occ health best practices for care. Outcomes: 40% decrease in LTD with CMs and employers reporting high satisfaction. However, IWs weren't satisfied with having to go to specific doctors.
- COHE: The WCAC Healthcare Subcommittee reviewed the research and results of these two pilots and developed the COHE concept. Committees developed best practices using the literature for CTS, fractures, and low back pain.

The second quarter 2008 scorecard summary of COHE findings about IWs who are treated by COHE best practices:

- fewer protests, appeals, and need for vocational services because the IW went back to work.
- the process is good for IWs, employers, and CMs and saves lots of treatment and timeloss costs
- providers like the improved communication provided by Health Services Coordinators who know how to do the paperwork and work with employers.
- IWs are equally satisfied whether they are in COHE or a control group.

The pilot phase of the project is beginning to wind down. It will probably transition into a new phase sometime next year depending on discussions and recommendations from the Workers Compensation Advisory Committee. The COHE centers will continue, as they are funded through 2011. The COHE project team is considering all options and the project lead, Diana Drylie will be invited to attend an upcoming full IICAC meeting to give an update.

### **Next Meeting:**

The IICAC will reconvene on Thursday, November 18, 2008 from 8:30 to 9:00 am, followed by subcommittee work sessions that adjourn at 11:30 am.